| FOR APPLICANT TO FILL IN   | ADDRESS 22416 S. VERMONT AVE   |
|--|--|
| BUILDING 22416 So Wermont  | LOCALITY CO, TORR  |
| CITY ZIP   | NEAREST 223 M ST   |
| NO. OF BLDGS. SIZE OF LOT NOW ON LOT   | ASSESSOR 734/ PAGE PARCEL  |
| TRACT P.M. 10004 BLOCK LOT NO. 2   | DISTRICT GROUP TYPE FIRE PROCESSED BY CONST. ZONE  |
| OWNER In Carpine Const Co. NO.6367/33  | 12 K.3 L 3 Clubal  |
| ADDRESS  | SEWER MAP  CLASS NO. 23 DWELL UNITS —/ BK ///PG  |
| CITY Paromont Ca ZIP   | USE ZONE   MAP (/ > 2.0)   |
| ARCHTECT OR TEL.<br>ENGINEER NO.   | M-1 SPECIAL CONDITIONS P.P. 28850  |
| ADDRESS  | ROAD DEPARTMENT APPROVAL REQUIRED YES NO   |
| CONTRACTOR Land Cleany TEL. 1292384  | BLDG. SETBACK FROM   |
| ADDRESS 545 So Stanford NO. 979112   | FRONT PROP. LINE OF (STREET)  HIGHWAY + YARD = TOTAL SETBACK FROM TYPE OF EXISTING THE PROP. LINE THE PROP. LIN |
| CITY La Cues CLASS C-21  | TROMPROPERED INTO INC.   |
| CONSTRUCTION LENDER NAME AND BRANCH  | BLDG SETBACK FROM  |
| ADDRESS CITY   | SIDE PROP. LINE OF(STREET) OF(STREET)  |
| SQ. FT. NO. OF NO. OF CHECK SIZE STORIES FAMILIES ONE  | BLDG. SETBACK FROM SIDE PROP. LINE OF  HIGHWAY + YARD = TOTAL SETBACK FROM SIDE PROP. LINE HIGHWAY WIDTH  + =     STREET   CONTRIBUTION   CON |
| DESCRIPTION OF WORK NEW  | + =  |
| Dame esh thouse Gan. ADD   | CORNER CUTOFF YES NO   |
| of ramore from pramises REPAIR   | IN OPEN SPACE YES NO   |
| USE OF EXISTING BLDG. DEMOL  | IN COASTAL PERMIT ZONE YES NO L  |
| APPLICANT PLANT AND  | Sever cap Sta 14+97.0  |
| d)   | 114 N/O lawer M A.   |
| I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE   | w.c. yes   |
| THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF |  |
| WORK ACHAOZED HEREST I WILL NOT EMPLOY AND FERSON IN VIOLATION OF<br>THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COM-<br>PENSATION INSURANCE.   |  |
| SIGNATURE OF DE OR OR OR   | FINAL 5/11/78 BY BOWN  |
| PERMITTEE TO CO.   | DATE SIII 18   |
| ADDRESS 0 7 3 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10   | P.C. Fee \$ Permit Fee 24.00   |
| CITY Da Carry  | 700  |
| VALUATION \$   |  |
| DI ANI CHECK VALIDATIONI   | Total Fee 3 /, 60  PERMIT VALIDATION (CK) M.O. CASH  |
| PLAN CHECK VALIDATION CK. M.O. CASH  | PERMIT VALIDATION (K) M.O. CASH  |

Aleus

3788APR 3401 31.00 №

|                                      | PLANS  | TO APP   | LICANT   |  |   | INSPECTOR'S NOTES |  |
|--------------------------------------|--|--|----------|--|---|-------------------|--|
| <b>TO</b> :                          |  |  | RETURNED |  | APPROVED                                  |                   |  |
| NO                                   | DATE   | NO.  | DA       | \TE                                    | APPROVED                                  |                   |  |
|                                      |  |  |          |  |   |                   |  |
|                                      |  |  |          |  |   |                   |  |
|                                      |  |  |          |  |   |                   |  |
| ,                                    | 400001416                                      | REQUIRED   |          | DATE RECEIVED                          |   |                   |  |
|                                      | APPROVALS                                      | YES  |          |  | R APPROVED                                |                   |  |
| ٧                                    | ATER CERTIFICATE                               |  |          |  |   |                   |  |
| Н                                    | EALTH DEPARTMENT                               |  |          |  |   |                   |  |
| FI                                   | RE DEPARTMENT                                  |  |          |  |   |                   |  |
| G                                    | RADING   |  |          |  |   |                   |  |
| G                                    | EOLOGICAL                                      |  |          |  | ······································    |                   |  |
| P[                                   | EDESTRIAN PROTECTION<br>ENCEL (CANOPY)         |  |          |  |   |                   |  |
| - SI                                 | PECIAL INSPECTION<br>CONC.) (MASNRY.) (WELDG.) |  |          |  |   |                   |  |
| LC                                   | OT DRAINAGE                                    | <del>                                     </del> |          |  | P. T. |                   |  |
| P                                    | ARKING   |  |          |  |   |                   |  |
|                                      |  |  |          |  | :   |                   |  |
| 7.                                   |  |  |          |  |   |                   |  |
| APPROVALS DATE INSPECTOR'S SIGNATURE |  | R S SIGNATURE                                    |          |  |   |                   |  |
| LC                                   | DCATION-<br>ETBACK & YARDSI                    |  |          |  |   |                   |  |
| FC                                   | DUNDATIONS                                     |  |          |  |   |                   |  |
| FF                                   | AME  |  |          |  | :   |                   |  |
| LA                                   | ATH/DRYWALL<br>INTERIOR                        |  |          |  |   |                   |  |
| LA                                   | ATH-EXTERIOR                                   |  |          | ······································ |   |                   |  |
| HC                                   | OUSE NUMBER-<br>DRRECT & POSTED                |  |          |  |   |                   |  |
|                                      |  |  |          |  | -   |                   |  |
| FII                                  | NAL<br>ITER ON FRONT                           |  |          |  |   |                   |  |
|                                      |  |  |          |  |   |                   |  |
|                                      |  |  |          |  |   |                   |  |
| -                                    |  |  |          |  |   |                   |  |
|                                      |  |  |          |  |   |                   |  |